Pat Borker

| PATENT APPLICATION FEE DETERMINATION RE<br>Effective December 8, 2004  |  |   |   |                                |  |                  |                     | ORD               | Application or Docket Number |                               |                     |                        |
|--|--|---|---|--------------------------------|--|------------------|---------------------|-------------------|------------------------------|-------------------------------|---------------------|------------------------|
|  |  | CLAIMS                                    | AS FILED -  |                                | (Column 2)                             |                  |                     | SMALL ENTITY TYPE |                              | OTHER THAN<br>OR SMALL ENTITY |                     |                        |
| U.S  | . NATIONAL                                     | STAGE FEES                                | ·   |                                |  |                  |                     | RATE              | FEE                          | •                             | RATE                | FEE                    |
| BASIC FEE  |  |   | SMALL ENT. = \$ 150   |                                | LARGE ENT. = \$ 300                    |                  |                     | BASIC FEE         |                              | OR                            | BASIC FEE           | (2)))                  |
| EXAMINATION FEE  |  |   | Satisfies PCT Article 33(1)-<br>(4) = \$ 50 / \$ 100                    |                                | All other situations = \$ 100 / \$ 200 |                  |                     | EXAM, FEE         |                              |                               | EXAM, FEE           | 20                     |
| SEARCH FEE   |  |   | U.S. is ISA = \$50 / \$ 100<br>ALL other countries =<br>\$ 200 / \$ 400 |                                | All other situations = \$ 250 / \$ 600 |                  |                     | SEARCH FEE        |                              |                               | SEARCH FEE          | 400                    |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minus 100 =   |                                | / 50 ≐                                 |                  |                     | X \$ 125 =        |                              |                               | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS  |  |   | <i>14</i> mi  | nus 20 =                       | •                                      |                  |                     | X \$ 25 =         |                              | OR                            | X \$ 50 =           |                        |
| INDEPENDENT CLAIMS   |  |   | / 'm  | ninus 3 =                      | *                                      |                  |                     | X \$ 100 =        |                              | OR                            | X \$ 200 =          |                        |
| MUI  | LTIPLE DEPEN                                   | DENT CLAIM PR                             | ESENT   |                                |  |                  |                     | + \$ 180 =        |                              | OR                            | + \$ 360 =          | 10                     |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |   |                                |  |                  |                     | TOTAL             |                              | OR                            | TOTAL               | 900                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  |  |   |   |                                |  |                  |                     | SMALL E           | NTITY                        | ·OR                           | OTHER<br>SMALL E    |                        |
| AMENDMENT A  |  | REMAINING<br>AFTER<br>AMENDMENT           |   | PREVIO PAID                    | BER<br>DUSLY                           | PRESENT<br>EXTRA | 1                   | RATE              | ADDI-<br>TIONAL<br>FEE       |                               | RATE .              | ADDI-<br>TIONAL<br>FEE |
|  | Total  | • 14.                                     | Minuş   | ** · K                         | )                                      |                  |                     | X\$25=            |                              | OR                            | X \$ 50 =           |                        |
|  | Independent                                    | •   | Minus   | ***                            |  | <b>5</b>         |                     | X \$ 100 =        |                              | OR                            | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                                |  |                  |                     | + \$ 180 =        |                              | OR                            | + \$ 360 =          |                        |
| •  |  |   |   |                                |  |                  |                     | FEE               |                              | OR                            | TOTAL ADDIT.<br>FEE |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |   |                                |  |                  |                     |                   |                              |                               |                     |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGH<br>NUME<br>PREVIO<br>PAID | EST<br>BER<br>BUSLY                    | PRESENT<br>EXTRA |                     | RATE              | ADDI-<br>TIONAL<br>FEE       |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •   | Minus   | **                             |  | ė                |                     | X \$ 25 =         |                              | OR                            | X \$ 50 =           |                        |
| AME  | Independent                                    | •   | Minus   | ***                            | •                                      |                  |                     | X \$ 100 =        |                              | OR                            | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT O     |   |   |                                | CLAIM                                  |                  |                     | + \$ 180 =        |                              | OR                            | + \$ 360 =          | ·                      |
|  |  | •   |   | TOTAL ADDIT.<br>FEE            |  | OR               | TOTAL ADDIT.<br>FEE |                   |                              |                               |                     |                        |
| <ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>if the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".</li> <li>if the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".</li> <li>The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.</li> </ul> |  |   |   |                                |  |                  |                     |                   |                              |                               |                     |                        |